

FILED APR 18 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10702

Do not use this space.

1. PLACE OF DEATH

(a) County Cleburne Registration District No. 310
 (b) Township Beath Primary Registration District No. 5290 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Heloris Ann Entriken
 (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-18-1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- - - 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Osbourn, O.
 (STATE OR COUNTRY) Missouri

13. NAME Wilber Morse Entriken
 14. BIRTHPLACE (CITY OR TOWN) Paidwell, Mo.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Pansy Grisilla Fowler
 16. BIRTHPLACE (CITY OR TOWN) Newcastle, Ind.
 (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Sherl Ross
 (ADDRESS) Osbourn, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kingston, Mo. DATE Mar 22, 1940

19. FUNERAL DIRECTOR Robert F. Hume
 (ADDRESS) Camden, Mo.

20. FILED Mar 23, 1940 Mar 23, 1940
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1940
 22. I HEREBY CERTIFY, That I attended deceased from March 18, 1940, to March 21, 1940
 I last saw her alive on March 20, 1940 Death is said to have occurred on the date stated above, at 12:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Atelactases

Date of onset

Other contributory causes of importance: 16/12

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify N.S. Hale M. D.
 (Signed) _____ (Address) Osbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED
District Health Officer No. 11,
District File Number 440-54-D
Date Filed APR 12 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jimmy Hucks
Licensed Embalmer No. 4092

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)